

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>36</i>	<i>2/1</i>
FORMALITY REVIEW	<i>SLC</i>	<i>809</i>	<i>2/21/01</i>
RESPONSE FORMALITY REVIEW	<i>A-M</i>	<i>JL 580</i>	<i>06-14-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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